

Travel Expense Claim

See Instructions and *Privacy
Statement on Reverse Side

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STD. 262 (Rev. 7/2005)

Claimants Name Chris Murphy			SSN or Employee Number *		Department Office of Traffic Safety	
Position Director		CB/ID #		Division or Bureau		Index Number
Residence Address			Headquarters Address 7000 Kausen Drive, Suite 300			Telephone Number 916-509-3030
City		State	Zip Code	City Elk Grove		State CA Zip Code 95758

(1) Month/Yr March 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) Lodging	(5) Meals			(6) Incide ntals	(7) Transportation				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time			Break - fast	Lunch	O.T., L/T, N/C, Relo. Or Dinner		(A) Cost of Trans.	(B) Type Used	(C) carfare, tolls, parking	(D) Private Car Use		
9	0630 1930	Elk Grove to Thousand Oaks and return						277.20	PC/A	9.00	50 27.50		\$313.70
10		Elk Grove							PC/A		9 4.95		\$4.95
12	0645 1930	Elk Grove to Yorba Linda and return						215.20	PC/A	9.00	50 27.50		\$251.70
17		Elk Grove to CHP and downtown Sacramento							PC/A	8.75	32 17.60		\$26.35
18	1700	Elk Grove to Montebello	124.30			18.00		191.20	PC/A		50 27.50		\$361.00
19	1700	Return			10.00		6.00		PC/A		50 27.50		\$43.50
25	700	Elk Grove to Los Gatos	136.49		10.00	18.00		216.20	PC/A	9.00	25 13.75		\$403.44
26		Return		6.00	10.00		6.00		PC/A	9.00	25 13.75		\$44.75
27	0800 1600	Elk Grove to Oakland & return							PC	4.00	204 112.20		\$116.20
(10) SUBTOTALS			260.79	6.00	30.00	36.00	12.00	899.80		48.75	495 272.25	0.00	
CLAIM TOTAL													
													\$1,565.59

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 3/9 - AVOID Luncheon Speaker 3/10 - Local meeting 3/12 - AVOID Luncheon Speaker 3/17 - Local Meetings, CHP and BTH Agency 3/19 - MADD Recognition event, speaker 3/25 & 26 - Meeting with NHTSA Officials 3/27 - Oakland PD services		(12) NORMAL WORK HOURS 8:00 - 5:00	
		(13) PRIVATE VEHICLE LICENSE	
		(14) MILEAGE RATE CLAIMED \$0.550	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as presecribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)		DATE	